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SECRETARY OF THE AIR FORCE**

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Health Services



**SPECIAL AND INCENTIVE PAY FOR
HEALTH PROFESSIONS OFFICERS**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This publication implements Title 37, United States Code (U.S.C.), Chapter 5, Subchapter I (Legacy Pay), Subchapter II (Consolidation of Special Pay), and Subchapter III (General Provisions). It provides policies and procedures governing the Air Force Special and Incentive (S&I) Pays Program with respect to health professions officers (HPOs) serving in the Regular Air Force (RegAF) in the Air Force Medical Service (AFMS) in accordance with (IAW) Department of Defense Instruction (DoDI) 6000.13, *Medical Manpower and Personnel* and Office of the Assistant Secretary of Defense for Health Affairs (ASD(HA)) specific pay plan policy. Refer recommended changes and questions about this publication to the OPR listed above using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate chain of command. While Air National Guard and Air Force Reserve officers may be eligible for medical special pay, their procedures are not outlined within this document, except in the case of officers on Title 10 orders for 365 days or more. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). This publication requires collection and/or maintenance of information protected by the Privacy Act of 1974, 5 U.S.C. §552a. The authorities to collect and/or maintain the records prescribed in this publication are 10 U.S.C. §8013, Secretary of the Air Force; as implemented by Air Force Instruction (AFI) 36-2608, *Military Personnel Records System*, and Executive Order 9397 (SSN). Forms affected by the Privacy Act have an appropriate Privacy Act statement. The applicable Privacy Act System Notice is 65 FR 60916,. This AFI may not be supplemented. The authorities to waive wing/unit level requirements in this publication are

identified with a Tier (“T-0, T-1, T-2, T-3”) number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate tier waiver approval authority, or alternatively, to the Publication Office of Primary Responsibility (OPR) for non-tiered compliance items.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include: submission and endorsement of contracts, termination and withholding contracts, recoupment of S&I Pays, phasing out Legacy Pay, and the implementation of Consolidation of Special Pay (CSP) programs. Upon Air Force (AF) coordination and approval, all fiscal year (FY) pay plans and contracts will be made available to officers for reference and submission.

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Chapter 1

OVERVIEW

1.1. Purpose.

1.1.1. The mission of the Air Force Medical Service (AFMS) is to ensure medically fit forces, provide expeditionary medics, and improve the health of all we serve to meet our nation's needs. To carry out this important mission, the AFMS must recruit and retain highly qualified medical assets. Medical Special and Incentive (S&I) pay is one of the many tools designed to attract and retain highly skilled health professions officers. S&I pay is authorized by 37 U.S.C. Chapter 5; Department of Defense Instruction (DoDI) 6000.13, *Medical Manpower and Personnel*; and Assistant Secretary of Defense for Health Affairs (ASD(HA)) policy memorandums. Statutory requirements for special pays are regulated by the Secretary of Defense and delegated to ASD(HA) for implementation. The S&I budget is subject to re-authorization each fiscal year.

1.2. Applicability.

1.2.1. This instruction applies to Regular Air Force (RegAF) AFMS officers and mobilized Air National Guard and Air Force Reserve on Title 10 orders for other than training purposes for at least one year. Failure to comply with the policies and procedures within this Air Force Instruction (AFI) may result in a member losing pay, delayed payment, or extension of active duty service commitment (ADSC).

1.3. General Eligibility.

1.3.1. While basic eligibility based on licensure remains consistent, criteria is subject to change based on changes in legislation, budgetary restrictions, needs of the Air Force (AF), and ASD(HA) policies. Each fiscal year (FY), the AFMS S&I pay plans are approved for implementation by the Secretary of the Air Force for Manpower and Readiness (SAF/MR) and published by the Air Force Personnel Center (AFPC), Medical Special Pays Branch (AFPC/DPANF1). For details, refer to the current FY pay plans and contracts.

1.3.2. To be eligible for S&I Pay, an individual must be an officer in (or in the case of accession bonus (AB), agree to accept a commission into) the RegAF designated as a health professions officer (HPO), and

1.3.3. Meet retainability requirements to complete the ADSC incurred upon signing and submitting any contract. The officer's signature on a special pay contract authorizes AFPC/DPANF1 to extend the officer's ADSC provided it does not exceed a mandatory date of separation (DOS) based on age, commissioned years of service, or other force management tools. If an extension to the current DOS is required for the officer to serve the full ADSC incurred by the S&I pay contract, all changes must be made to the officer's record before the contract is submitted to AFPC/DPANF1.

1.3.3.1. Age. Upon reaching age 61, officers who wish to remain RegAF beyond age 62, but not to exceed age 68, must obtain an approved age waiver and submit the waiver with the special pay contract. **Note:** Officers in the rank of lieutenant colonel and below may request DOS waivers and age waivers through the appropriate assignments office at

AFPC/DPAN. DOS changes and age waivers for officers in the rank of colonel and above are managed by the AF Colonel Management Office (AF/DPO).

1.3.3.2. Commissioned Years of Service. In accordance with (IAW) 10 U.S.C. §634, *Retirement for years of service: regular colonels and Navy captains*, §633, *Retirement for years of service: regular lieutenant colonels and commanders*, and AFI 36-3203, *Service Retirements*, Table 4.1., officers cannot exceed commissioned years of service limits unless approved for continuation by a selective continuation board. Officers in the rank of lieutenant colonel cannot enter into a special pay agreement that results in an ADSC that surpasses 28 years of total active commissioned service. Officers in the rank of colonel cannot enter into a special pay agreement that results in an ADSC that surpasses 30 years of total active commissioned service.

1.3.4. Be fully qualified in his/her specialty and not currently attending internship training or initial residency training except as specified in the current pay plan,

1.3.5. For privileged HPOs: meet requirements of licensure and/or certification and be able to practice independently to the extent authorized in AFI 44-119, *Medical Quality Operations*. 1.3.6. Demonstrate the conduct, competence, and professional practice standards expected of a commissioned officer and health care professional.

Chapter 2

ROLES AND RESPONSIBILITIES

2.1. AFMS Medical Special Pays Program Management.

2.1.1. AFPC/DPANF1 is the program manager for execution of special pays. AFPC/DPANF1 is responsible for maintaining references for HPOs to utilize in order to determine eligibility (to include annual pay plans, contracts, frequently asked questions, webinar slides, etc.), verifying contract eligibility, processing contracts, and confirming contract payment. AFPC/DPANF1 will forward processed special pay documents to be stored/loaded in officers' personnel record for future reference.

2.2. AFMS Medical Special Pays Program Policy.

2.2.1. AF/SG1/8A is responsible for monitoring special pay policy, coordinating annual pay plans and contract development, providing eligibility clarification, as well as implementing and advertising AF/SG guidance. AF/SG1/8A will work closely with AFPC/DPANF1 to aid in the management of the Medical Special Pay Program.

2.3. HPO.

2.3.1. Each officer must monitor their own special pays to include determining eligibility, routing contract(s) for timely endorsement, submission of contract(s) to AFPC/DPANF1 (specific details outlined in Chapter 3 of this instruction), and verifying receipt of payment(s). (T-3) Multiple resources (Frequently Asked Questions, webinar slides, etc.) are available to HPOs to clarify eligibility criteria, etc.

2.4. Endorsing Officials.

2.4.1. Authorized endorsers must abide by procedures outlined in Section 3.2. of this document. Additional responsibilities include making termination and withhold recommendations (outlined in Section 3.6. of this instruction) and mentoring HPOs on their special pay eligibility. (T-1) Endorsing Officials and/or Medical Treatment Facilities (MTFs) are not required to submit documentation to higher headquarters levels, except in the cases of termination and/or withhold packages.

Chapter 3

CONTRACT MANAGEMENT

3.1. Contract Options.

3.1.1. Officers requesting Medical Special Pays must complete the applicable option as noted below. (T-0) Available options for pays are described on each contract. HPO must be credentialed, privileged when applicable or appropriate, and practicing in the specialty for which pay is requested except as noted below.

3.1.2. Option I. Standard single or multi-year contract.

3.1.3. Option II. For officers in fellowships, secondary residency training, Air Force Institute of Technology (AFIT) programs, or flight surgeons working outside of the root specialty and precluded from practicing in the specialty for which pay is requested.

3.1.4. Option III. An exception to policy for those HPOs unable to practice at all in a clinical setting. There are very few assignments that preclude all practice in a specialty. HPOs in positions outside a traditional MTF are expected to devote time to some type of clinical practice at a local MTF.

3.1.4.1. The Air Force Deputy Surgeon General (AF/DSG) is the approval authority for awarding special pay to fully qualified officers assigned to positions requiring a substantial portion of time performing military unique duties under adverse conditions, in remote locations outside the continental United States (OCONUS), or that preclude the ability to spend appropriate time in a clinical setting. All Option III contracts must be endorsed and validated at the local level and forwarded, along with a copy of the HPO's license, to AFPC/DPANF1 per normal submission directions. AFPC/DPANF1 will forward the request to AF/SG1/8A for AF/DSG approval.

3.2. Contract Endorsement.

3.2.1. If the officer is not in a clinical setting, the authorized endorser must also validate credentials. Under no circumstances will a subordinate endorse a contract. (T-3)

3.2.2. Above Wing-level. Directors and MAJCOM Surgeons shall have contracts endorsed by their rater or the senior AF medical person of higher rank in the direct functional authority.

3.2.3. Staff agencies. Officers assigned to staff agencies shall obtain endorsement at the director level (any Service if joint) or the senior AF medical officer of higher rank in the direct functional authority (e.g. AFMSA, AFMOA, MAJCOM, TRICARE Agencies, Inspector General, Joint Agencies, Direct Reporting Units, Defense Logistics Agency, AF Elements).

3.2.4. Wing-level and below. MTF and Limited-Scope Military Treatment Facility (LSMTF) commanders shall obtain endorsement from their rater. (T-3)

3.2.4.1. MTF. Officers assigned to an MTF must obtain endorsement from the MTF commander (MTF/CC). (T-3)

3.2.4.1.1. The MTF/CC may designate the deputy commander as the endorsing authority.

3.2.4.1.2. LSMTFs and stand-alone medical squadron commanders are the authorized endorsers for special pay contracts within their organization. (T-3)

3.2.4.1.3. Line units/Squadron Medical Elements (SME). Officers assigned to line units or stand-alone SMEs may:

3.2.4.1.3.1. Coordinate the contract request through the local MTF credentials office and the local MTF commander with final endorsement by the line group commander, or

3.2.4.1.3.2. Coordinate the contract request through the line group commander to the local MTF credentials office with final endorsement from the MTF commander.

3.2.5. Civilian AFIT. Officers assigned to civilian AFIT positions must send contracts to the applicable organization below for endorsement: (T-3)

3.2.5.1. Medical Corps/Dental Corps (MC/DC) Officers:

AFIT/HCED
ATTN: MEDDEN
2950 Hobson Way
Wright Patterson AFB, OH 45433-7765

3.2.5.2. Biomedical Sciences Corps (BSC) Officers:

AFPC/DPANW
ATTN: BSC Education
550 C Street West, Suite 25
JBSA-Randolph, TX 78150-4729

3.2.5.3. Nurse Corps (NC) Officers:

AFPC/DPANN
ATTN: Nursing Education
550 C Street West, Suite 27
JBSA-Randolph, TX 78150-4729

3.2.6. Military AFIT. Officers assigned to military AFIT positions, such as those undergoing training in military fellowships or secondary residency programs must obtain credentials validation and endorsement from the Director of Medical Education (DME). (T-3)

3.2.7. Uniformed Services University of the Health Sciences (USUHS). Officers assigned to USUHS shall obtain validation and endorsement from the first O-6 in the immediate rating chain or the appropriate Corps Director. O-6s assigned to USUHS may obtain credentials validation and endorsement from the USUHS Medical Director (SES), Dean, or Vice Dean of the College, President, Acting President or Vice President, any General Officer (active or retired) assigned, or their senior rater. The endorser's title must be noted in the appropriate block of the contract. (T-3)

3.2.8. San Antonio Military Medical Center (SAMMC). Officers assigned to SAMMC shall obtain credentials validation and endorsement from the SAMMC or Wilford Hall Ambulatory Surgical Center (WHASC) commander. (T-3)

3.2.9. United States Air Force School of Aerospace Medicine (USAFSAM). Officers assigned to USAFSAM may obtain credentials validation and endorsement from the USAFSAM commander. (T-3)

3.2.10. Developmental Education (DE). Officers attending DE in residence shall obtain validation and endorsement from the group commander or equivalent. (T-3)

3.2.10.1. NC Officers. All NC (Certified Registered Nurse Anesthetist (CRNA) Incentive Special Pay (ISP) or NC-ISP) contracts requests must be validated by the MTF Chief Nurse or designee prior to seeking endorsement. (T-2) Failure to obtain signatures/validation may result in delay in endorsement, processing, and payment.

3.3. Contract Effective Dates.

3.3.1. Officers with expiring contracts must determine the effective date necessary to avoid any interruption in pay or unintended extension of ADSC. (T-1)

3.3.1.1. New contracts may be submitted up to 60 days prior to the effective date. Contracts cannot have an effective date prior to the first day of the month in which the member signs the contract (e.g., member signs contract 14 July 2014 and cannot use an effective date earlier than 1 July 2014). Valid effective dates must meet the following criteria:

3.3.1.2. The officer was eligible on the date to be used as the effective date,

3.3.1.3. The authorized endorser's signature is dated within one month of the officer's signature on the contract, and

3.3.1.4. The contract is received by AFPC/DPANF1 within two months of the officer's signature.

3.4. Contract Submission.

3.4.1. Each officer must take responsibility for requesting and monitoring his/her medical special pays and obligations. (T-1) Officers should maintain a copy of the pay plan and signed contract for their records.

3.4.1.1. Officers requesting special pay must:

3.4.1.2. Download the most current pay plan and contract for review and submission.

3.4.1.3. Accurately and legibly complete each applicable block of the contract request. The bottom of page one must be signed and dated by the requesting officer where indicated. (T-0) Digital signatures cannot be processed at this time.

3.4.1.4. Use locally prescribed procedures to route the contract request through the appropriate chain of command for validation and endorsement at the appropriate level as indicated in paragraph 3.2. Contract Endorsement of this instruction. Endorsements must include signatures, dates, and titles in the appropriate blocks. (T-3)

3.4.1.5. Submit completed contracts to AFPC/DPANF1 up to 60 days prior to the effective date for processing. (T-3) Contracts must be emailed to AFPC.DPANF1@US.AF.MIL. If/when emailing contracts is not possible, contracts may be mailed to:

AFPC/DPANF1
ATTN: Medical Special Pays
550 C Street West, Suite 27
JBSA-Randolph, 78150-4729

3.4.1.6. Receive email confirmation of receipt of contract from AFPC/DPANF1. Member must receive and keep contract receipt notification in order to ensure contract was received by AFPC/DPANF1. (T-3) Allow up to 10-15 duty days for email receipt. Do not send duplicate contracts unless requested. Receipt of duplicate contracts may delay processing and cause payment errors,

3.4.1.7. Monitor contracts for expiration and renewal. (T-1) Previously accomplished contracts are available in Personnel Records Display Application (PRDA). The Defense Finance and Accounting Service (DFAS) system does not always appropriately monitor when pays should begin or end. If there is an error due to contract start/stop dates resulting in overpayment the special pay will be recouped upon discovery.

3.4.2. Contracts are binding upon submission to AFPC/DPANF1. Requests for deferment or termination of a submitted contract are not allowed.

3.4.3. Contracts must be:

3.4.3.1. Signed by the requesting officer, effective no earlier than 1 October and no later than 30 September of the current fiscal year, and submitted no earlier than 60 days prior to expiration of the existing contract,

3.4.3.2. Signed by the authorized endorser within 30 days of the requesting officer,

3.4.3.3. Complete packages. All necessary waivers (age, DOS changes, retirement orders, etc.) must be accomplished prior to package submission to AFPC/DPANF1.

3.4.4. Upon acceptance of a written contract, the total amount of pay shall be fixed for the length of the contract.

3.4.5. All payments are subject to state and federal taxes and the availability of funds.

3.4.6. Special pay contracts must not be processed through the local finance office.

3.5. Contract Renegotiation.

3.5.1. An officer with a multi-year contract may request termination of that contract to enter into a new (renegotiated) multi-year contract with a longer obligation or higher payment rate at the time of execution of the new contract. Any unearned portion of the terminated contract will be recouped by DFAS. Contracts may not be renegotiated to obtain a shorter ADSC or for purposes of assignment or separation.

3.5.2. Single year contracts must be renewed annually and submitted up to 60 days prior to expiration to avoid an interruption in pay.

3.5.3. Officers may sign a new (renegotiated) single year ISP contract upon completion of sub-specialty or fellowship training eligible for a higher ISP rate and a longer ADSC. If the sub-specialty rates are the same as the generalist rates, the officer will not be permitted to sign a new single year ISP contract until the contract expires.

3.5.4. For purposes of retirement, officers with an approved retirement date must renegotiate the final Additional Special Pay (ASP) contract to coincide with the retirement date to avoid an interruption in pay. (T-0) The final payment will be a prorated payment. Final year ASP renegotiation is not required.

3.5.4.1. The requesting officer must submit a copy of retirement orders along with the endorsed ASP contract to AFPC/DPANF1. (T-1) Due to the length of time required to receive retirement orders, officers should sign and have the contract endorsed when starting the retirement process but do not send the contract to AFPC/DPANF1 until retirement orders are obtained.

3.6. Contract Termination/Withhold.

3.6.1. Air Force Surgeon General (AF/SG) approval is required to terminate and/or withhold an officer's special pay, except in cases of statutory ineligibility. Commander/ authorized endorser use of termination and/or withhold of Medical Special Pays shouldn't be used as a punishment tool if a HPO violates the Uniform Code of Military Justice (UCMJ). A commander may initiate termination/ withholding action in addition to not instead of administrative and/or judicial punishment.

3.6.1.1. Statutory Ineligibility. Statutory ineligibility refers to the loss or restriction of all licenses and/or certifications or dual receipt of pays as prohibited by 37 U.S.C. §371, *Relationship to other incentives and pays*. AFPC/DPANF1 has the authority to initiate immediate termination and recoupment of pays under 37 U.S.C. §303a, *Special pay: general provisions* and 37 U.S.C. §373, *Repayment of unearned portion of bonus, incentive pay, or similar benefit, and termination of remaining payments, when conditions of payment not met*.

3.6.1.2. Loss of license and/or certification (ability to practice independently). IAW Title 37 U.S.C. Chapter 5, DoDI 6025.13, *Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)*, and AFI 44-119, HPOs must possess a current, valid, unrestricted license and/or certification for independent practice as defined by the state or national organization for the specialty. (T-0) If the officer possesses multiple licenses or certifications, all valid licenses or certifications must be suspended, restricted or revoked in order for AFPC/DPANF1 to initiate stop pay action under statutory ineligibility.

3.6.1.3. Dual Receipt of Pays. IAW Title 37 U.S.C. §371, an officer is prohibited from receiving a bonus or incentive pay under both Subchapter I and Subchapter II for the same activity, skill, or period of service.

3.6.1.4. Initiating Statutory Ineligibility Action. The commander and/or HPO must contact AFPC/DPANF1 at AFPC.DPANF1@US.AF.MIL to initiate termination/withhold action. (T-1).

3.6.1.4.1. AFPC/DPANF1 will initiate termination and recoupment of pays upon confirmation of statutory ineligibility. The effective date will be the date the officer became ineligible for the special pays.

3.6.1.4.2. To avoid significant recoupment and continued erroneous disbursements by DFAS, commanders and/or the HPO must contact AFPC/DPANF1 immediately if their license and/or certification expires, terminates, or is revoked. (T-1)

3.6.1.4.3. Any payments made after loss of eligibility are subject to recoupment. AFPC/DPANF1 will notify the officer and allow ten calendar days for response prior to taking recoupment action. The officer may appeal the debt through the local finance office.

3.6.1.4.4. In the event the officer's license or certification is restored to unrestricted status, the officer may contact AFPC/DPANF1 at AFPC.DPANF1@US.AF.MIL for directions to apply for non-contractual entitlements. If eligible, the officer may apply for a new contract.

3.6.2. Incarcerated officers. All medical special pays will be terminated and unearned payments will be subject to recoupment of funds on a pro rata basis. The effective date will be either the date of ineligibility or the date of incarceration, whichever is earliest.

3.6.3. Recommendation to Terminate/Withhold (other than statutory ineligibility). Recommendation of termination/withhold refers to a request by an authorized endorser to the AF/SG to approve termination of special pays or withhold a contract. Reasons for recommending termination/withhold action may include, but are not limited to: loss of privileges, court-martial conviction, violations of the UCMJ, unprofessional conduct, failure to demonstrate proficient medical skill, noncompliance with AF professional practice standards, substandard performance, or the best interest of the AF. S&I pays and contract renewals must not be withheld solely as a means to address noncompliance with physical fitness standards or conduct unbecoming or illegal for AF officers in general.

3.6.3.1. Insufficient retainability to enter into a specified time period contract. Commanders (authorized endorsers) may initiate a recommendation to withhold special pays based on the propensity to continue serving on active duty and continued retainability for entering into specified time period contracts. If an officer is allowed to continue in his/her professional duties but there is doubt he/she will be retained, commanders shall consider approving a contract for fewer years, rather than completely withholding pay. (T-3)

3.6.3.1.1. Pending separation. If the officer is pending Physical Evaluation Board (PEB) review for medical retirement, undergoing an administrative separation action or judicial action authorizing a punitive discharge or incarceration, or if the officer is subject to force shaping separation programs, he/she does not have the retainability to sign a multi-year contract. In these cases, the authorized endorser shall request to limit the number of years an officer is allowed to commit to military service while awaiting final decision and/or discharge. (T-3) If the officer is not retained, medical special pays will be terminated and the unearned payment is subject to recoupment on a pro rata basis.

3.6.3.1.2. Clinical adverse action. If a commander deems an officer's unprofessional conduct is a detriment to the safety and welfare of patients and staff, or significantly impacts the integrity of the medical service, he/she must initiate a clinical adverse action against the HPO. If the final action is supported by the AF/SG and results in a revocation of privileges and/or practice, the commander will seek approval to withhold/terminate all special pay. (T-0)

3.6.3.1.3. Unfavorable Information File (UIF). IAW AFI 36-2907, *Unfavorable Information File (UIF) Program*, officers with an open UIF, Article 15, pending Court-Martial, or are in confinement, may not be eligible for new multi-year retention contracts or the continuation of existing multi-year contracts.

3.6.3.1.3.1. If an officer has an ongoing UIF or a propensity for continued substandard performance and it is unclear if retention of the officer is warranted, the authorized endorser may limit the number of years to be awarded on a multi-year medical special pay contract.

3.6.3.1.3.2. Once the UIF is completed or removed, the officer may be eligible to initiate a new multi-year contract with a new obligation period.

3.6.3.1.4. Fitness Assessment Failures. Officers who are being considered for discharge due to a fitness failure may not be eligible for new multi-year contracts as they may not have the retainability to voluntarily commit to continued military service.

3.6.3.2. Reinstatement of previous contracts and/or obligation dates is not authorized.

3.6.3.3. Initiating Commander's Recommendation to Terminate/Withhold/Recoup. The authorized endorser (usually the MTF commander) may recommend termination/withhold/ recoupment action. To initiate a request, commanders must:

3.6.3.3.1. Notify the officer, in writing (an example is provided in Attachment 2 of this instruction). (T-1) The letter of notification shall:

3.6.3.3.1.1. Explain in detail specific reasons for terminating, withholding and/or recouping special pays, (T-1)

3.6.3.3.1.2. Include copies of all substantiating documents. All supporting documents (i.e. evaluation letters, AF/SG final decision regarding adverse action, consultant trip reports, and security forces or redacted Office of Special Investigations reports) shall be included as attachments to the notification letter. The documents attached to the letter of notification must give a complete picture of the situation, (T-1)

3.6.3.3.1.3. Direct the officer to acknowledge receipt of the notification letter (an example is provided in Attachment 3 of this instruction) within three calendar days. (T-1) If the officer fails to return the acknowledgement it must be noted on the notification letter,

3.6.3.3.1.4. Officer must be advised of their option to submit a written rebuttal to accompany the request package within ten calendar days from the date of acknowledgement. (T-1)

3.6.3.3.2. Obtain a legal review of the package. Send the notification letter with attachments to the local Staff Judge Advocate (JA) for a legal review, (T-1)

3.6.3.3.3. Coordinate with the appropriate MAJCOM/SG. (T-1) Send the notification letter and attachments to MAJCOM/SG for a written recommendation. The MAJCOM/SG must not add additional information to the package unless the officer concerned is notified and given a reasonable opportunity to respond to the new information,

3.6.3.3.4. Coordinate with AFPC/DPANF1. (T-1) Send the entire package to AFPC/DPANF1.

3.6.3.3.5. AFPC/DPANF1 will forward to AFPC/JA for final legal review and submit the complete package to AF/SG1/8A for AF/SG approval.

3.6.3.3.6. If/when AF/SG authorizes S&I pay(s) to be terminated/withheld/recouped, an effective date of termination/withholding/recoupment will also be established/determined.

3.6.3.3.7. Submission of termination/withhold packages should only include items specified in section 3.6.3.3. of this publication to be in agreement with 10 U.S.C. §1102, *Confidentiality of medical quality assurance records: qualified immunity for participants*. Quality Assurance protected records should be kept to a minimum.

3.6.3.4. Reinstatement of Special Pay. Reinstatement of previous contracts and/or obligation dates is not authorized. If an officer's performance improves significantly or license/certification is reinstated, the commander may approve a new special pay contract. The officer must submit an endorsed contract along with a memorandum for record signed by the endorsing authority explaining why special pay is being reinstated. (T-3) AFPC/DPANF1 may request additional information based on the circumstances surrounding the original termination/withhold. All contract requests will be negotiated at the current pay rates.

Chapter 4

LEGACY PAY PROGRAM

4.1. General.

4.1.1. IAW the National Defense Authorization Act (NDAA) for Fiscal Year 2008, Pub.L. 110-181, Hab, 28m 2008, 122 Stat. 3 (FY08 NDAA), all S&I pay programs must be transitioned from 37 U.S.C. Chapter 5, Subchapter I (Legacy Pay) to 37 U.S.C. Chapter 5, Subchapter II, section 335 (Consolidation of Special Pay) no later than 1 October 2016 (end of FY16). Dual receipt of pays under both the Legacy and CSP programs is not allowed.

4.2. Medical Service Pay Date (MSPD).

4.2.1. AFPC/DPANF1 computes MSPD with the formula: $MSPD = (\text{Extended Active Duty (EAD) date}) - (\text{sum of Corps-specific creditable service})$.

4.2.1.1. Creditable service for health professions is a Corps specific computation used to determine eligibility for certain pays as noted in the Corps specific pay plans.

4.2.1.2. BSC Officers. Receive creditable service for all periods of active service of one year or longer in the BSC. Credit is given for any postgraduate training (beyond EAD requirements) in an approved program of one year or more attended while not on active duty and successfully completed.

4.2.1.3. DC Officers. Receive credit for all periods of active service of one year or longer in the DC and time spent in an approved dental internship or residency training while not on active duty and successfully completed. The intern year is not credited as a completed residency, but is counted as a creditable year.

4.2.1.4. MC Officers. Receive credit for all periods of active service of one year or longer in the MC and time spent in an approved internship, residency, or subspecialty training while not on active duty and successfully completed. The intern year is not credited as a completed residency, but is counted as a creditable year.

4.2.1.4.1. MC officers who complete a portion of a residency year before entering active duty, and then complete the remainder of the training year on active duty in the MC, receive credit for the training completed *before* entering active duty.

4.2.1.4.2. MC officers who begin a residency year *after* entering active duty and do not complete the training, do not receive credit.

4.2.1.4.3. MC officers who complete six months of a chief residency program receive six months of credit upon successful completion of the training.

4.2.1.4.4. MC officers receive training credit equal to the standard number of years required by the appropriate specialty board. For example, an officer who required six years to successfully complete a five year specialty training program will receive five years of creditable service.

4.2.1.4.5. MC officers who repeat a year due to transfer between programs do not receive credit for the repeated year. Time served in uncompleted residencies where

the officer is disenrolled, either prior to entering active duty or after entering active duty, is not credited.

4.2.1.4.6. Internship or residency time in foreign medical facilities may be accepted as creditable service if it is included in the credentialing criteria of an American Medical Association or American Osteopathic Association examining board.

4.2.1.5. NC Officers. NC officers receive creditable service for all periods of active service of one year or longer following completion of the specialty-awarding program.

4.3. Initial Application for Board Certification Pay (BCP).

4.3.1. Officers requesting initial BCP must submit a copy of the board certification notification letter to AFPC/DPANF1 (including rank and social security number (SSN)). (T-3) Board certification documentation must include a start and stop date indicating the period of certification. If the certification does not expire, documentation must be included from the certifying agency stating it does not expire. (T-3)

4.4. Board Certification Renewal.

4.4.1. Officers must submit re-certification information by sending a copy of the re-certification notification letter with rank and SSN to AFPC/DPANF1. (T-3) Board certification documentation must include a start and stop date indicating the period of certification. If the certification does not expire, documentation must be included from the certification agency stating it does not expire. (T-3) HPOs whose board certification is valid for a maintenance of certification (MOC) period are required to submit documentation of the MOC duration. (T-3)

4.5. Board Certification Expiration.

4.5.1. If board certification expires or lapses, the officer must inform AFPC/DPANF1 to perform a "Stop Pay" action effective upon expiration. (T-3) Any BCP received after this date will be recouped.

4.6. Board Certification Interrupted by Contingency Operations.

4.6.1. This section does not apply to officers in the CSP program.

4.6.2. IAW 37 U.S.C. § 303b, *Waiver of board certification requirements*, The Secretary of Defense may approve BCP for an officer who otherwise meets eligibility requirements IAW the applicable pay plan, but due to contingency operations was removed from an assigned seat and is therefore unable to complete the board certification exam. The officer must complete the board certification or recertification requirements before the end of the 180-day post deployment period or the first opportunity following deployment (extended for such additional time as the Secretary of Defense determines to be appropriate).

4.6.3. To request retroactive BCP due to an interruption by contingency operations, the officer must submit the following documentation to AFPC.DPANF1@US.AF.MIL: (T-0)

4.6.3.1. Copy of initial board certification, (T-0)

4.6.3.2. Memorandum fully explaining why certification was interrupted, endorsed by credentials manager and Group CC or equivalent, (T-0)

4.6.3.3. Documentation regarding rescheduling of board to include initial dates, (T-0)

- 4.6.3.4. Documentation regarding successful certification, (T-0)
- 4.6.3.5. Deployment orders, (T-0)
- 4.6.3.6. Finalized travel voucher, (T-0)
- 4.6.3.7. Any other supporting information. (T-0)
- 4.6.4. Upon ASD(HA) approval, BCP will begin on the date on which the officer was deployed in support of a contingency operation. (T-0)

Chapter 5

CONSOLIDATION OF SPECIAL PAY (CSP) PROGRAM

5.1. General.

5.1.1. IAW the FY08 NDAA, all S&I pay programs must be transitioned from 37 U.S.C. Subchapter I to 37 U.S.C. Subchapter II, section 335 no later than 1 October 2016. The Medical Special Pays Program is subject to reauthorization annually. Dual receipt of pays under both the Legacy Pay and CSP programs is not authorized.

5.2. Types of Pay.

5.2.1. All Legacy Pay will be transitioned to one of the following:

5.2.2. AB. A tool used to provide an incentive to fully qualified health professionals to enter and remain in military service.

5.2.3. Incentive Pay (IP). An incentive used to attract and retain a sufficient number of health professionals to meet the healthcare needs of the services.

5.2.4. Retention Bonus (RB). A tool used to provide stability in managing the health professions force to meet the healthcare needs of the services.

5.2.4.1. Critical Skills Retention Bonus (CSRB). In very rare cases, Office of the Secretary of Defense may designate a specialty as a “critical military skill” and approve a fixed period of authority to offer a separate retention bonus to those with the specialized skill. Normally, HPOs who are eligible for the CSRB may not take the multi-year bonus. (IAW Department of Defense Directive (DoDD) 1304.21, *Policy on Enlistment Bonuses, Accession Bonuses for New Officers in Critical Skills, Selective Reenlistment Bonuses, and Critical Skills Retention Bonuses for Active Members*, and DoDI 1304.29, *Administration of Enlistment Bonuses, Accession Bonuses for New Officers in Critical Skills, Selective Reenlistment Bonuses, and Critical Skills Retention Bonuses for Active Members*)

5.2.5. Board Pay (BP). A special pay authorized to designated health professionals who have achieved board certification.

Chapter 6

SPECIAL PAY FOR MOBILIZED RESERVE, INVOLUNTARILY RETAINED ACTIVE DUTY, AND RECALLED OFFICERS

6.1. Eligibility of Mobilized Reserve, Retained, or Recalled Officers.

6.1.1. HPOs on Title 10 active duty (not for training) orders for one year or more, who meet all eligibility criteria, may be eligible for single year contractual and/or non-contractual pays. Officers called to Title 10 active duty status in annual increments for more than one year (not for training) may be eligible to request multi-year contracts.

6.1.1.1. Reservists and Guardsmen. Reservists and Guardsmen mobilized or called to Title 10 active duty status (not for training), such as Active Duty Operational Support (ADOS) or Active Duty Special Work (ADSW) for a period more than 30 days but less than one year (IAW Department of Defense Financial Management Regulation (DoD FMR) 7000.14-R, Volume 7A, Chapter 5) may be eligible for medical special pay IAW the current pay plan.

6.1.1.2. Medical Special Pays for Reservist and Guardsmen activated for a) less than one year duty, b) more than 30 days but less than one year duty, or c) other than active duty for training are not processed through AFPC/DPANF1 and should pursue special pays through their personnel section.

6.1.2. Retained active duty healthcare providers. Healthcare officers involuntarily retained for a period exceeding 30 days may be eligible for special pay.

6.1.3. Recalled retirees. IAW 37 U.S.C. §302f, *Special pay: reserve, recalled, or retained health care officers*, recalled retirees are not eligible for multi-year special pays under sections §301d or §301e of Title 37.

6.1.4. IAW 37 U.S.C. Subchapter I, when a Reserve or Guard officer receives a special pay under 37 U.S.C. §302, *Special pay: medical officers of the armed forces*, or 302b, *Special pay: dental officers of the armed forces*, the officer shall not be entitled to special pay under 37 U.S.C. §302(h), or 37 U.S.C. §302b(g).

6.1.5. IAW 37 U.S.C. §335, an officer in a reserve component authorized HPO IP or BP who is not serving on continuous active duty and is entitled to compensation under 37 U.S.C. §204 or compensation under 37 U.S.C. §206 may be paid a monthly amount of incentive pay that is proportionate to the basic pay or compensation received under title 37. Consult Reserve or Guard Medical Special Pay program manager to determine eligibility for medical special pays.

6.2. Applying for Special Pay.

6.2.1. Eligible officers shall submit a copy of orders along with the appropriate contract under the submission procedures of this instruction. (T-3)

6.2.2. Officers may not sign contracts for periods of time beyond their orders.

6.2.3. RB (multi-year special pays) will not be prorated, but must be in twelve-month increments of 24, 36, or 48 months.

Thomas W. Travis, Lieutenant General, USAF,
MC, CFS
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

Title 5, United States Code, Government Organization and Employees

Title 10, United States Code, Armed Forces

Title 11, United States Code, Bankruptcy

Title 37, United States Code, Pay and Allowances of the Uniformed Services, Chapter 5

AFI 33-360, *Publications and Forms Management*, 25 September 2013

AFI 36-2005, *Appointment in Commissioned Grades and Designation and Assignment in Professional Categories—Reserve of Air Force and United States Air Force*, 19 May 2003

AFI 36-2107, *Active Duty Service Commitments (ADSC)*, 30 April 2012

AFI 36-2608, *Military Personnel Records Systems*, 30 August 2006, Certified Current 17 September 2010

AFI 36-2907, *Unfavorable Information File (UIF) Program*, 17 June 2005

AFI 36-3203, *Service Retirements*, 8 September 2006

AFI 44-119, *Medical Quality Operations*, 16 August 2011

AFMAN 33-363, *Management of Records*, 1 March 2008

DoD FMR 7000.14-R, Volume 7A: Military Pay Policy and Procedures—Active Duty and Reserve Pay, April 2013

DoDD 1304.21, *Policy on Enlistment Bonuses, Accession Bonuses for New Officers in Critical Skills, Selective Reenlistment Bonuses, and Critical Skills Retention Bonuses for Active Members*, 31 January 2005

DoDI 1304.29, *Administration of Enlistment Bonuses, Accession Bonuses for New Officers in Critical Skills, Selective Reenlistment Bonuses, and Critical Skills Retention Bonuses for Active Members*, 15 December 2004

DoDI 6000.13, *Medical Manpower and Personnel*, 30 June 1997

DoDI 6025.13, *Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS)*, 17 February 2011

DoDI 6025.13-R, *Military Health System (MHS) Clinical Quality Assurance (CQA) Program Regulation*, 11 June 2004

National Defense Authorization Act (NDAA) for Fiscal Year 2008, Pub.L. 110-181, Hab, 28m 2008, 122 Stat. 3 (FY08 NDAA), 28 January 2008

Privacy Act of 1974

Privacy Act System Notice 65 FR 60916, Military Personnel Records System

USD(P&R) memorandum dated 6 February 2009, Subject: *Repayment of Unearned Portions of Bonuses, Special Pay, and Educational Benefits or Stipends*

Adopted Forms

AF Form 847, Recommendation for Change of Publication

Abbreviations and Acronyms

AB—Accession Bonus

AF—Air Force

ADSC—Active Duty Service Commitment

ADOS—Active Duty Operational Support

ADSW—Active Duty Special Work

AFI—Air Force Instruction

AFIT—Air Force Institute of Technology

AFMAN—Air Force Manual

AFMOA—Air Force Medical Operations Agency

AFMS—Air Force Medical Service

AFMSA—Air Force Medical Support Agency

AFPC—Air Force Personnel Center

AFRIMS—Air Force Records Information Management System

AFSC—Air Force Specialty Code

ASD(HA)—Assistant Secretary of Defense for Health Affairs

ASP—Additional Special Pay

BCP—Board Certification Pay

BP—Board Pay

BSC—Biomedical Sciences Corps

CAC—Common Access Card

CC—Commander

CQA—Clinical Quality Assurance

CRNA—Certified Registered Nurse Anesthetist

CSP—Consolidation of Special Pay

CSRB—Critical Skills Retention Bonus

DC—Dental Corps

DE—Developmental Education

DFAS—Defense Finance and Accounting Service
DME—Director of Medical Education
DoD—Department of Defense
DoDD—Department of Defense Directive
DoDI—Department of Defense Instruction
DOS—Date of Separation
DSG—Deputy Surgeon General
EAD—Extended Active Duty
FMR—Financial Management Regulation
FY—Fiscal Year
HPO—Health Professions Officer
IP—Incentive Pay (CSP)
ISP—Incentive Special Pay (Legacy Pay)
JA—Judge Advocate
Kx—Knowledge Exchange
LSMTF—Limited Scope Military Treatment Facility
MAJCOM—Major Command
MC—Medical Corps
MHS—Military Health System
MOC—Maintenance of Certification
MQA—Medial Quality Assurance
MTF—Military Treatment Facility
MSPD—Medical Service Pay Date
NC—Nurse Corps
NDAA—National Defense Authorization Act
OCONUS—Outside Continental United States
PA—Physician Assistant
PEB—Physical Evaluation Board
PRDA—Personnel Records Display Application
RB—Retention Bonus
RDS—Records Disposition Schedule
RegAF—Regular Air Force

S&I—Special and Incentive

SAF/MR—Secretary of the Air Force for Manpower and Readiness

SAMMC—San Antonio Military Medical Center

SES—Senior Executive Service

SG—Surgeon General

SME—Squadron Medical Elements

SSN—Social Security Number

UCMJ—Uniform Code of Military Justice

UIF—Unfavorable Information File

U.S.C.—United States Code

USAF—United States Air Force

USAFSAM—United States Air Force School of Aerospace Medicine

USUHS—Uniformed Services University of Health Sciences

WHASC—Wilford Hall Ambulatory Surgical Center

Terms

Active Duty Service Commitment (ADSC)—The ADSC serves as a personnel management and control system to help maintain a trained and experienced force. It helps ensure the AF receives a return in terms of active service for training and education. (IAW AFI 36-2107, *Active Duty Service Commitments (ADSC)*)

Consolidation of Special Pay (CSP)—Those S&I pays defined under subchapter II of Chapter 5, Title 37 of the United States Code.

Constructive Service Credit—Credit provided to a person who begins commissioned service after obtaining the additional education, training, or experience required for appointment, designation, or assignment as an officer in a health profession, with a grade and time in grade comparable to that attained by officers who begin commissioned service after getting a baccalaureate degree and serve for the period of time it takes to obtain the additional education. (IAW AFI 36-2005, *Appointment in Commissioned Grades and Designation and Assignment in Professional Categories—Reserve of Air Force and United States Air Force*)

Creditable Service—Used to calculate the Medical Service Pay Date (MSPD). Includes all periods an officer has served on active duty as a health professions officer in the applicable Corps, and all periods spent in graduate education training programs while not on active duty.

Discretionary—Those S&I pays defined in statute with or without a service obligation where the service may pay or not pay, but cannot set the rate.

Entitlement—Those S&I pays defined in statute with or without a service obligation where the service must pay, but cannot set the rate.

Fully Qualified (Specialty)(definition varies by corps)—Health professions officers who have met the requirements for their Air Force Specialty Code (AFSC) in the Air Force Officer

Classification Directory and licensure or certification requirements as defined in AFI 44-119, *Medical Quality Operations*.

Initial Residency Training—That period of time in residency training before formally completing a first residency that qualifies an officer as board eligible.

Internship (Medical, Osteopathic, or Dental)—The first year of graduate medical education, where a formal internship or the first year of residency, immediately following medical, osteopathic, or dental school. Dental Advanced Education in General Dentistry Program is not considered a dental internship or residency.

Knowledge Exchange (Kx)—The Air Force Medical Service (AFMS) Intranet.

Legacy Pay—the S&I pays defined under Subchapter I of Chapter 5, Title 37 of the United States Code.

Non-Discretionary Pays—Congressionally mandated pays with or without a service obligation.

Pro Rata—The percentage of pay representing the unexpired part of the service for which the pay was provided.

Recoupment—Repayment of an unearned or paid in error portion of a pay or benefit. (IAW USD(P&R) memo, *Repayment of Unearned Portions of Bonuses, Special Pay, and Educational Benefits or Stipends*)

Special and Incentive (S&I) Pays—Provide the Services with additional pays that can be used to address specific manning needs and other force management issues that cannot be efficiently addressed through basic pay increases. S&I can be used to improve recruiting and retention by increasing compensation in key occupation specialties or critical skill areas.

Statutory Pays—Those S&I pays defined in statute under Chapter 5 of Title 37 of the United States Code.

Statutory Ineligibility—Refers to loss of licensure or certification or dual receipt of pays prohibited by law.

Termination—Refers to a request to cease special pays payments to an otherwise eligible officer. Requires formal request and approval of the AF/SG and may or may not involve recoupment.

Waiver—DoDI 6025.13-R outlines the provisions for implementation of 10 U.S.C. § 1094 which allows a waiver of the unrestricted scope requirement only in “unusual circumstances.” The ASD(HA) permits waiver of administrative licensure requirements that are unusual, substantial, and inharmonious with Federal policy. Examples include payment of malpractice/risk pool fees or requirement to reside or to be practicing in the state of licensure. USAF Physician Assistants are waived from required state licensure while serving in a Uniformed Service capacity per AF/SGO memorandum dated 12 February 2004, *New DoD/HA Policy on Waivers of Licensure Requirement for Military Physician Assistants (PAs)*, and ASD(HA) policy memorandum, *Waivers of Licensure Requirement for Qualified Military Physician Assistants*, dated 15 January 2004, IAW 10 U.S.C. § 1094.

Withhold—Denying S&I pays to an eligible officer. This action requires AF/SG approval.

Attachment 2**COMMANDER'S NOTIFICATION OF ACTION**

(date)

MEMORANDUM FOR (officer)

FROM: COMMANDER

SUBJECT: Notification of Recommendation for Withholding or Terminating Special Pays

1. I am recommending (withholding)(terminating)(recouping) your (type of special pays) for the following reason(s):
2. You may submit a written rebuttal to this action, if you desire. You are allowed 10 calendar days from the date you acknowledge receipt of this letter to submit a written rebuttal.
3. Acknowledge receipt of the letter by signing the attached and returning your acknowledgment to me within 3 calendar days. Also, indicate whether or not you plan to submit a written rebuttal.

(Signature block)

Attachments:

(Document substantiating the withholding/terminating action)

Attachment 3

OFFICER'S ACKNOWLEDGMENT OF ACTION

(date)

MEMORANDUM FOR (officer's commander)

FROM: (officer)

SUBJECT: Acknowledgement of Notification of Recommendation for Withholding,
Terminating and/or Recouping Medical Special Pays

I acknowledge receipt of notification of recommendation for (withholding)(terminating)
(recouping) my (type of special pay). I (will)(will not) submit a written rebuttal.

(signature)

(name, rank, title)